

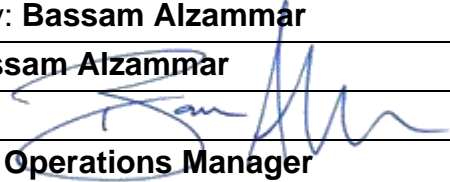
## CCR Certification Form

### Consumer Confidence Report Certification Form

(To certify electronic delivery of the CCR, use the certification form on the State Water Board's website at  
[http://www.swrcb.ca.gov/drinking\\_water/certlic/drinkingwater/CCR.shtml](http://www.swrcb.ca.gov/drinking_water/certlic/drinkingwater/CCR.shtml))

Water System Name:	<b>MISSION SPRINGS WATER DISTRICT</b>
Water System Number:	<b>3310081</b>

The water system named above hereby certifies that its Consumer Confidence Report was distributed on **June 16, 2022**, to customers (and appropriate notices of availability have been given). Further, the system certifies that the information contained in the report is correct and consistent with the compliance monitoring data previously submitted to the State Water Resources Control Board, Division of Drinking Water.

Certified by: <b>Bassam Alzammar</b>
Name: <b>Bassam Alzammar</b>
Signature: 
Title: <b>Field Operations Manager</b>
Phone number: <b>760-660-4943</b>
Date: <b>6/28/2022</b>

*To summarize report delivery used and good-faith efforts taken, please complete the below by checking all items that apply and fill-in where appropriate:*

- ☒ CCR was distributed by mail or other direct delivery methods. Specify other direct delivery methods used: **USPS.**
- ☒ "Good faith" efforts were used to reach non-bill paying consumers. Those efforts included the following methods:
  - ☒ Posting the CCR on the Internet at [www.mswd.org/CCR](http://www.mswd.org/CCR)
  - ☒ Mailing the CCR to postal patrons within the service area (attach zip codes used)
  - ☐ Advertising the availability of the CCR in news media (attach copy of press release)
  - ☐ Publication of the CCR in a local newspaper of general circulation (attach a copy of the published notice, including name of newspaper and date published)
  - ☐ Posted the CCR in public places (attach a list of locations)
  - ☐ Delivery of multiple copies of CCR to single-billed addresses serving several persons, such as apartments, businesses, and schools
  - ☐ Delivery to community organizations (attach a list of organizations)



☐ Other (attach a list of other methods used)

☐ For systems serving at least 100,000 persons: Posted CCR on a publicly accessible internet site at the following address: **[INSERT INTERNET ADDRESS]**

☐ For investor-owned utilities: Delivered the CCR to the California Public Utilities Commission

This form is provided as a convenience for use to meet the certification requirement of the California Code of Regulations, section 64483(c).



## Postage Statement - USPS Marketing Mail

<b>Mailer</b>	<b>Permit Holder</b> Name, Address, Email, Telephone High Tech Mailing Services Refika Jerkic 75071 St Charles Pl Ste A Palm Desert, CA 92211-9055  760-779-0460  CAPS Cust. Ref. No. _____ CRID 5811468		<b>Mailing Agent</b> (If other than permit holder) Name, Address, Telephone   CRID _____		<b>Mail Owner</b> (If other than permit holder) Name, Address Mission Springs Water District . 66575 2nd St Desert Hot Springs, CA 92240-3715J  CRID 3371808		
	Post Office of Mailing Palm Desert, CA 92260-9998		Mailing Date Jun 16, 2022		Federal Agency Cost Code Statement Seq. No. 102621		
<b>Mailing</b>	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered		Processing Category <input type="checkbox"/> Letters <input checked="" type="checkbox"/> Flats <input type="checkbox"/> Marketing Parcels <input type="checkbox"/> Parcels-Machinable <input type="checkbox"/> Parcels-Irregular <input type="checkbox"/> CMM <input type="checkbox"/> Catalogs		Total # of Pieces in Mailing 14,880  Total Weight 1,443.3600		
	For Mail Enclosed within Another Class  <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Periodicals <input type="checkbox"/> Media Mail		Move Update Method: <input type="checkbox"/> Alternative Method <input type="checkbox"/> Ancillary Service Endorsement <input checked="" type="checkbox"/> Multiple <input type="checkbox"/> NCOA Link <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format		SSF Transaction #  Permit # 149		
	Combined Mailing <input type="checkbox"/> Mixed Class <input type="checkbox"/> Single Class		Weight of a Single Piece 0.0970 pounds  <input type="checkbox"/> Letter-size or flat mailpiece contains DVD/CD or other disk.		Mailpiece is a product sample % Samples		
	This is a Political Campaign Mailing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  This is Official Election Mail <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		For Automation Pieces, Enter Date of Address Matching and Coding 05/13/2022  For Carrier Route Pieces, Enter Date of Address Matching and Coding 05/13/2022  For Carrier Route Price Pieces, Enter Date of Carrier Route Sequencing 05/13/2022  For Pieces Bearing a Simplified Address Enter Date of Delivery Statistics File or Alternative Method		No. & Type of Containers 75 Sacks 0 1 ft. Letter Trays 0 2 ft. Letter Trays 0 EMM Letter Trays 0 Flat Trays 0 Pallets 0 Other		
Parts Completed (Select all that apply): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> NSA							
<b>Postage</b>	<b>1</b> Subtotal Postage (Add parts totals) \$3,429.51					<b>2</b> Price at Which Postage Affixed (Check one). <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither Complete if mailing includes pieces bearing metered/PC Postage or precanceled stamps pcs. x \$ = Postage Affixed -	
	<b>3</b> Incentive/Discount Flat Dollar Amount -					<b>4</b> Fee Flat Dollar Amount +	
	<b>5</b> Permit # Net Postage Due (Line 1 +/- Lines 2, 3, 4) \$3,429.51					<b>Additional Postage Payment (State reason)</b>	
	For postage affixed, add additional payment to net postage due; for permit imprint add additional payment to total postage.					<b>Total Adjusted Postage Affixed</b>	
	Postmaster: Report Total Postage in AIC 130 (Permit Imprint Only, Excluding Simplified Addressing (EDDM))					<b>Total Adjusted Postage Permit Imprint</b>	
<b>USPS Use Only</b>	Postmaster: Report Total Postage in AIC 208 (Simplified Addressing (EDDM), Permit Imprint Only)					<b>Total Adjusted Postage Simplified Addressing (EDDM)</b>	
	Incentive/Discount Claimed: _____ Type of Fee: _____						
<b>Certification</b>	The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and the mailing qualifies for the prices and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.						
	<b>Privacy Notice: For information regarding our Privacy Policy visit <a href="http://www.usps.com">www.usps.com</a>.</b> Signature of Mailer or Agent _____ Printed Name of Mailer or Agent Signing Form Refika Jerkic Telephone 760-779-0460						
<b>USPS Use Only</b>	Weight of a Single Piece _____ pounds		Total Weight		Are postage figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, reason:		
	Total Pieces		Total Postage		Round Stamp (Required) Payment Date		
	Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Mailer Notified		Contact		
	I CERTIFY that this mailing has been inspected for each item below if required: (1) eligibility for postage prices claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; (4) payment of annual fee; and (5) sufficient funds on deposit (if required)		By (Initials)		Time AM PM		
USPS Employee's Signature		Print USPS Employee's Name					